

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit	:		Customer No.: 035811
Examiner	:		
Serial No.	:	10/562,405	
Filed	:	December 23, 2005	
Inventors	:	Seiji Morii	Docket No.: TIP-05-1799
	:	Takae Ono	
	:	Haruyo Sato	Confirmation No.: 6104
Title	:	PROCESS FOR PRODUCING	
	:	NITROGENOUS HETEROCYCLIC	
	:	COMPOUND	

Dated: March 10, 2006

MAIL STOP PCT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

**37 CFR 1.10
EXPRESS MAIL CERTIFICATION**

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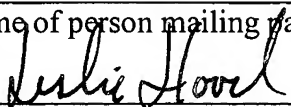
Date of Deposit: March 10, 2006

DESCRIPTION OF CONTENTS: Postcard, an Amendment Transmittal Letter, in duplicate, a Supplemental Preliminary Amendment, a Supplemental Information Disclosure Statement and Form PTO-1449 with a copy of the publication.

I hereby certify that this paper or fee is being deposited with the United States Postal Service “Express Mail Post Office to Addressee” service under 37 CFR 1.10 on the date indicated above and is addressed to **Mail Stop PCT**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Leslie Hood

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In re Application of Seiji Morii et al.

Serial No.: 10/562,405

Filed: December 23, 2005

For: PROCESS FOR PRODUCING NITROGENOUS HETEROCYCLIC COMPOUND

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P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

___ Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

___ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	RATE	ADD'L FEE		RATE	ADD'L FEE
TOTAL	* 18	- **20 =	x 25 =	\$		x 50 =	\$
INDEP.	* 1	- ** 3 =	x 100 =	\$		x 200 =	\$
Application Size Fee				\$		x 250 =	\$
First Presentation of Multiple Dependent Claim			+ 180 =	\$		+ 360 =	\$
TOTAL ADDITIONAL FEE			\$ _____			OR \$ _____	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

___ Please charge my Deposit Account No. 50-2719 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.

___ A check in the amount of \$ _____ is attached.

x The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

- x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- x Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,



T. Daniel Christenbury
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